# UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD R C PETITION

DO NOT WRITE IN THIS SPACE								
Case No.	21-RC-237171	Date Filed	3-6-2019					

INSTRUCTIONS: Unless e-Filed us	ing the Agenc	y's website, <u>w</u>	ww.nirb.	gov, submit a	an original of this	Petition	to an	NLRB office in the Region
in which the employer concerned i								
of service showing service on the								
(Form NLRB-505); and (3) Descript					RB 4812). The sl	howing o	of inter	est should only be filed
with the NLRB and should not be s	erved on the	employer or ar	y other j	party.				• •
<ol> <li>PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner de</li> </ol>	RTIFICATION OF esires to be certifi	REPRESENTAT	IVE - A subve of the e	ostantial number molovees. The	of employees wish to Petitioner alleges th	be represent the following	ented fo	or purposes of collective
requests that the National Labor Relat		eed under its pro	per autho	rity pursuant to	Section 9 of the Na	ational Lab	or Rela	tions Act.
2a. Name of Employer			, ,		t(s) involved (Street a		r. city, S	Slate, ZIP code)
Sun Diego Charter	•	522 \		·	onal City, CA 91	950		
3a. Employer Representative – Name and Sherri Gonzalez, HR	Title				s 2b – state same) y, El Cajon, CA 9	92020		
3c. Tel. No. ((619) 336-9206	3d, Cell No.		3e: Fax	No. 336-9205		3f. E-Mail		s undiegocharter.com
4a. Type of Establishment (Factory, mine, w	holesaler, etc.)	4b. Principal pro	, ,					d State where unit is located:
Transportation Industry		Transportation					tional (	City and El Cajon, California
5b. Description of Unit Involved Included: All full time mecha	nics and t	echnicians					6	ia. No. of Employees in Unit: 15
marata / til fall til flo friodric	inioo ana t	Commodific	•					b. Do a substantial number (30%
Excluded: All other employee	es, office o	lericals, gu	ıards a	and super	visors		ļ u	or more) of the employees in the
Check One: 7a. Request for re	cognition as Barn	pining Pegrapants	tive was a	ade on (Date) (	2/06/2010	d Employer		Petitioner? Yes V No
The Live Office.		(If no reply receive				o Employer	decime	ed recognition on or about
	rrently recognize	d as Bargaining R	epresentat	ive and desires	certification under the	Act.		
8a. Name of Recognized or Certified Barg None	gaining Agent (#	none, so state).		8b. Address				
8c. Tel No.	8d Cell No.		8e. Fax	No.		8f. E-Mail Address		
8g. Affiliation, if any			8h. Date o			_		e of Current or Most Recent Month, Day, Year)
9. Is there now a strike or picketing at the Er	mployer's establis	hment(s) involved	? None	If so, approx	imalely how many en	nployees ar	re partic	cipating?
(Name of labor organization)		, has pici	keted the E	mptoyer since (/	Month, Day, Year)			
10. Organizations or individuals other than F	Petitioner and thos	se named in items	8 and 9, w	hich have claim	ed recognition as rep	resentative	s and o	ther organizations and individuals
known to have a representative interest in a None	ny employees in t	the unit described	in item 5b	above. (If none,	so state)			
10a. Name	10b. Add	dress			10c. Tel. No.	***		10d. Cell No.
					10e. Fax No.			10f. E-Mail Address
<ol> <li>Election Details: If the NLRB conducts any such election.</li> </ol>	an election in thi	s matter, state you	ır position v	with respect to	11a. Election Type:	: 🗸 Manı	ual	MailMixed Manual/Mail
11b. Election Date(s): March 21, 2019		ection Time(s): n-4:00 p.m.			11d. Election Location(s): Lunch Room, 522 West 8th Street, National City, CA			
12a, Full Name of Petitioner (including to Machinists District Lodge No. 947	cal name and nu	imber)				el and num	ber, city	, state, and ZIP code)
12c. Full name of national or international la International Association of Machinis				ate or constituen				
12d. Tel No. (562) 427-8900	12e: Cell No. (b) (6), (b) (7	)(C)	12f. Fax (562)	No. 427-1122		12g. E-Ma (b) (6), (b)		ess 947.org
13. Representative of the Petitioner who					entation proceeding		)	
13a. Name and Title David A. Ro	senfeld, A	Attorney			d number, city, state, and the state of the			elameda, CA 94501
13c, Tel No. 13d, Cell No. 13e, Fax No. (510) 337-1001 (510) 337-1				Fax No. 13f. E-Mail Address				
I declare that I have read the above petition	on and that the s	statements are tre	<u> </u>		ledge and belief.		,	
Name (Print) Sig	nature		Title			Date	57	~/^
David A. Rosenfeld	We.	2	Attorney			ز. ا	<i>5  </i> '	> / 2011
WILLFUL FALSE STATEME	TS ON THIS PE	TITION CAN BE I	PUNISHED	BY FINE AND	MPRISONMENT (U.	S. CODE,	TITLE 1	8. SECTION 1001)

#### PRIVACY ACT STATEMENT

DO NOT WRITE IN THIS SPACE							
<sup>Case No.</sup> 21-RC-237177	Date Filed 3-6-2019						

RC PETITION

INSTRUCTIONS: Unless e-Filed us							
in which the employer concerned i							
of service showing service on the							
(Form NLRB-505); and (3) Descript	ion of Repres	entation Case F	Procedu	res (Form NLI	RB 4812). The si	howing of int	erest should only be filed
with the NLRB and should not be s	erved on the	employer or an	y other	party.	ŕ	-	
1. PURPOSE OF THIS PETITION: RC-CE	RTIFICATION OF	REPRESENTATI	VE - A su	bstantial number			
bargaining by Petitioner and Petitioner di requests that the National Labor Relat							
2a. Name of Employer	ions Board proc				t(s) involved (Street a		
Reyes Coca Cola					ue, Los Angeles		, 5.6.0, 2 5556)
3a. Employer Representative - Name and	Title	1			2b - state same)		
Rose Wanjohi, HR			Same				
3c. Tel. No.	3d. Cell No.		3e. Fax		-	3f. E-Mail Add	
(714) 412-6319			(847)	916-9138			eyesholding.com
4a. Type of Establishment (Factory, mine, v	rholesaler, etc.)	4b. Principal pro-		rvice	,	1	and State where unit is located:
Refreshments		Refreshments	S			Los An	geles, California
5b. Description of Unit Involved				•			6a. No. of Employees in Unit:
Included: All painters		f					6b. Do a substantial number (30%
- Evaludad:							or more) of the employees in the
Excluded: All other employed	es, office o	dericals, gu	ards a	and super	visors	1	unit wish to be represented by the
					·		Petitioner? Yes V No
Check One: 7a. Request for re						d Employer deci	lined recognition on or about
	(Date)	(If no reply received	d, so state	by this F	Petition		
			epresenta		certification under the	Act.	
8a. Name of Recognized or Certified Barr None	gaining Agent ( <i>II</i>	f none, so state).		8b. Address			
8c, Tel No.	8d Cell No.		8e. Fax	No.		8f. E-Mail Add	ress
8g. Affiliation, if any		· 1	8h. Date	of Recognition or	Certification	8i. Expiration E	Date of Current or Most Recent
				Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing at the E	mployer's establis	shment(s) involved	? Non	f so, approx	imately how many er	nployees are pa	rticipating?
(Name of labor organization)		, has pick	eted the E	Employer since (A	Month. Day; Year)		
10. Organizations or individuals other than f	etitioner and tho	se named in items	8 and 9, v	which have claime	ed recognition as rep	resentatives and	dother organizations and individuals
known to have a representative interest in a							
None .							
10a. Name	10b. Ad	dress		*	10c. Tel. No.		10d, Cell No.
	1				10e. Fax No.	<del> </del>	10f. E-Mail Address
	1			•	106. Fax 110.		TOI. E-IMBII Address
11. Election Details: If the NLRB conducts	an election in thi	s matter, state you	r position	with respect to	11a. Election Type	Manual	MailMixed Manual/Mail
any such election.  11b. Election Date(s):	14te E	ection Time(s):			11d. Election Loca	tion(s):	
March 20, 2019		m2:30 p.m.			Lunch Room		1
12a. Full Name of Petitioner (Including to	cal name and no	ımber)		٠. ا	12b. Address (stre	et and number, i	city, state, and ZIP code)
Machinists District Lodge No. 947					535 West Willow 5	Street, Long Be	ach, CA 90806-2830
<ol> <li>Full name of national or international la International Association of Machinis</li> </ol>				ate or constituent	t (if none, so state)		
12d. Tei No.	12e. Celi No.	30 <b>110</b> /10/3,7 (1 E )	12f. Fa	r No		12g. E-Mail Ac	ldress ·
(562) 427-8900	(b) (6), (b) (7)	(C)		) 427-1122			am947.org
. 13. Representative of the Petitioner who			or purpos	es of the repres	entation proceedin	g.	
13a. Name and Title David A. Ro	senfeld, A	Attorney			d number, city, state, id, 1001 Marina Village		Alameda CA 94501
13c. Tel No.	13d, Cell No.		13e. Fa		maga	13f. E-Mail Ad	
(510) 337-1001	1007 0011 110.			37-1023			nioncounsel.net
I declare that I have read the above petiti	on and that the	statements are tru	e to the l	est of my know	ledge and belief.		. 0
	nature	,	Tille			Date 7	812019
David A. Rosenfeld  WILLFUL FALSE STATEME	Mu		Attorne		MIDDICOLOUPIUS ""		
MILLELL EALCE CTATEME	NUS ON THIS PE	TITION CAN BE F	บทเรหย	D BY FINE AND	IMPRISONMENT (U	.s. CODE, TITL	E 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

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DO NOT WRITE IN THIS SPACE Case No. 21-RC-237267

Date Filed 3-7-2019

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Zenetex (VRC-30 Maintenance Program) Naval Air Station North Island, Building 525, Coronado, CA 92118 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) See Attachment See Attachment 3f. E-Mail Address 3c. Tel. No. 3d Cell No. 3e Fax No See Attachment See Attachment See Attachment 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Military Contractor Military Support Coronado, CA 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full-time and regular part-time aircraft mechanics I, aircraft mechanics II, aircraft mechanics III employed by the Employer on the VRC-30 Program, Building 525, at the Employer's facility currently located at NAS North Island, Coronado, California. 6b. Do a substantial number (30% or more) of the employees in the Excluded: Guards, Office Clerical and Supervisors as defined in the Act. unit wish to be represented by the Petitioner? Yes V No 7a. Request for recognition as Bargaining Representative was made on (Date) By Petition and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8d Cell No. 8f. E-Mail Address 8c. Tel No. Se. Fax No. 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent 8g. Affiliation, if any Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10c. Tel. No. 10d. Cell No. 10a, Name 10b. Address 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, stale your position with respect to Mixed Manual/Mail 11a. Election Type: V Manual Mail any such election 11c. Election Time(s). 11d. Election Location(s): 11b. Election Date(s) Conference Room or Break Room in Building 525 at NAS North Island Thursday March 21, 2019 2:45 p.m. - 3:15 p.m. 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 5150 Kearny Mesa Road, San Diego, CA 92111 International Association of Machinists and Aerospace Workers, District Lodge 725 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Association of Machinists and Aerospace Workers, AFL-CIO 12g. E-Mail Address 12d. Tel No 12e. Cell No. 12f. Fax No 858-292-5150 858-292-5488 (6). (b) (7)(c) Diam725.org (b) (6), (b) (7)(C) 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Title Caroline N. Cohen, Attorney Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501 13e. Fax No. 13f. E-Mail Address 13d, Cell No. 13c. Tel No 510-337-1023 nirbnotices@unioncounsel.net, ccohen@unioncounsel.net 510-337-1001 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Signatur Name (Print) March 7, 2019 Attorney Caroline N. Cohen, Atlorney

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

#### PRIVACY ACT STATEMENT

### Attachment to RC Petition

## Zenetex (VRC-30 Maintenance Program) Building 525

3a. Employer Represen	tative – Name and Title	3b. Address				
Lydia Corum, Director of	f Human Resources	Local Corporate Address: 1550 Hotel Circle North, Suite 180 San Diego, CA 92108				
Stephen F. Finan, Directo Services	or, Field Maintenance	Corporate Address: 2001 L Street NW, Suite 650 Washington, DC 20036				
3c. Tel. No.	3d. Cell No.	3e. Fax No.	3f. E-Mail Address			
Corum: (619) 607-3011 Finan: (410) 961-3026		Corum: (703) 935-8360 Finan: (240) 419-6127	Corum: Lydia.corum@zenetex.com Finan: Stephen.Finan@zenetex.com			

DO NOT WRITE IN THIS SPACE						
Case No. 21-RC-237273	Date Filed 3-7-2019					

INSTRUCTIONS: Unless e-Filed us	ing the Agenc	y's website, <u>w</u>	ww.nlrb.gov, submit a	n original of this	Petition to a	n NLRB office in the Region			
	in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate								
of service showing service on the									
(Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed									
with the NLRB and should not be s									
1. PURPOSE OF THIS PETITION: RC-CE									
bargaining by Petitioner and Petitioner de requests that the National Labor Relat									
2a. Name of Employer	ions board proc		dress(es) of Establishmen						
Obsidian Global LLC		11206	6 Lexington Dr Build	ing 17, Los Alam	itos, CA 90	720			
3a. Employer Representative - Name and	Title		3b. Address (If same as	2b - state same)	· · ·				
Doug Slenker, Dir. Operations/Mi		. HR Mgr	SAME						
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f, E-Mail Add	ess mtexier@obsidiang.com			
202-847-6100	202-548-7731	/202-548-7604			dslenker@d	bsidiang.com			
4a. Type of Establishment (Factory, mine, w	holesaler, etc.)	4b. Principal pro-	duct or service			and State where unit is located:			
Technology Company		Software dev	elopment		Los Ala	mitos, CA			
5b. Description of Unit Involved						6a. No. of Employees in Unit:			
Included: All full time hourly Comp	outer System	Analysts empl	oyees employed by	the employer at i	ts facility	3			
located at 11206 Lexing					1	6b. Do a substantial number (30% or more) of the employees in the			
Excluded: All other employees, tempora	ry workers from	agencies, office of	lerical employees, and a	Il other professional	employees.	unit wish to be represented by the			
guards and supervisors as de	efined by the Act					Petitioner? Yes V No			
Check One: / 7a. Request for re	cognition as Berg	aining Representa	live was made on (Date)	By Petition and	d Employer decl	ned recognition on or about			
		If no reply received				1			
7b. Petitioner is co	rrently recognize	d as Bargaining Re	epresentative and desires	certification under the	Act.				
Ba. Name of Recognized or Certified Barg	aining Agent (If	none, so state).	8b. Address						
		·	1 0 5 11		06 5 14-3 4-44				
8c. Tei No.	8d Cell No:		8e. Fax No.		8f. E-Mail.Add	ess			
8g. Affiliation, if any			8h. Date of Recognition or	Certification	8i. Expiration [	Pate of Current or Most Recent			
og. Almoton, ir any			on botto or recognition of	Contract, if any (Month, Day, Year)					
9. Is there now a strike or picketing at the Er	nployer's establis	hment(s) involved	? If so, approx	imately how many em	oployees are pa	ticipating?			
(Name of labor organization)		, has pick	eted the Employer since (/	Month, Day, Year)					
10. Organizations or individuals other than F	Petitioner and tho	se named in items	8 and 9, which have claim	ed recognition as repr	esentatives and	other organizations and individuals			
known to have a representative interest in a									
10a. Name	10b. Add	Iress		10c. Tel. No.		10d. Cell No.			
				10e. Fax No.		10f. E-Mail Address			
	1			I lue, rax No,		IOI. E-Mail Address			
11. Election Details: If the NLRB conducts	an election in this	maller state you	position with respect to	11a. Election Type:	Manual	Mail Mixed Manual/Mail			
any such election.									
11b. Election Date(s):		ection Time(s):	-	11d. Election Locati	• /	17			
March 21, 2019		n to 11:00am		Jose Baquiran's of		ity, state, and ZIP code)			
12a. Full Name of Petitioner (including to International Association of Machinists			Lodge 725			amonga, CA 91730			
12c. Full name of national or international la						3-1			
International Association of Machinists an	d Aerospace Wo	rkers, AFL-CIO							
12d. Tel No.	12e. Cell No.		12f, Fax No.	6	120 F-Mail Ad ) (6), (b) (7)(C)	dress			
000 101 2001	b) (6), (b) (7)(C		909-484-2369		<u> </u>	am725.org			
13. Representative of the Petitioner who	13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.								
13a. Name and Title Caroline N. Cohen, Attorney  13b. Address (street and number, city, state, and ZIP code)  Weighers, Roserfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501									
13a Name and Title Caroline N		ttornev							
	Cohen, A	ttorney	Weinberg, Roger & Rosente		arkway, Suite 200				
13c. Tel No.		ttorney	Weinberg, Roger & Rosenfe 13e Fax No.	ild 1001 Marina Village P	arkway, Suite 200 13f. E-Mail Add	lress'			
13c. Tel No. 510-337-1001	Cohen, A		Weinberg, Roger & Rosente 13e. Fax No. 510-337-1023	ild 1001 Marina Village P	arkway, Suite 200 13f. E-Mail Add				
13c. Tel No. 510-337-1001 I declare that I háve read the abové petiti	Cohen, A		Weinberg, Roger & Rosente 13e. Fax No. 510-337-1023	ild 1001 Marina Village P	arkway, Suite 200 13f. E-Mail Add	lress'			

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

#### PRIVACY ACT STATEMENT

FORM NLRB-502 (RC) (2-18)

#### **UNITED STATES OF AMERICA** NATIONAL LABOR RELATIONS BOARD **RC PETITION**

DO NOT WRITE IN THIS SPACE							
Case No. 21-RC-237413	Date Filed 03-11-2019						

INSTRUCTIONS: Unless e-Filed us employer concerned is located. Th the employer and all other parties Case Procedures (Form NLRB 481:	e petition must named in the p 2). The showing	t be accompani etition of: (1) th g of interest sho	ed by bo e petition ould only	th ash n; (2) S y be file	owing of interest (se tatement of Position of with the NLRB and	ee 6b below) form (Form d should not	and a certifica NLRB-505); an be served on (	te of service d (3) Descrip the employer	showing service on tion of Representation or any other party.	
PURPOSE OF THIS PETITION: Re bargaining by Petitioner and Petitic requests that the National Labor	oner desires to b	e certified as rep rd proceed und	oresentat ler its pro	ive of th oper au	e employees. The Pe thority pursuant to \$	titioner alle Section 9 of	ges that the foll the National La	lowing circuit bor Relation	nstances exist and s Act.	
2a, Name of Employer:				٠,	Establishment(s) invol	-	-	, State, ZIP c	ode):	
Sheraton San Diego Hotel	& Marina	13	380 Ha	ırbor	Island Dr. San I	Diego, C	A 92101			
3a. Employer Representative - Name	e and Title:	3b.	Address	(if sam	e as 2b - state same):	:				
Didier Luneau, General M	anager								,	
3c. Tel. No.	3d. Cell No.		3e.	Fax No			ail Address		<u> </u>	
619-291-2900	unkown		61	9-69	2-2337	didie	r.luneau@s	heraton.c	om	
4a. Type of Establishment (Factory, m	ine, wholesaler,	elc.)			al Product or Service		5a. City ar	nd State wher	e unit is located:	
Hotel			lo	dging	, food & bever	age	San Die	go, CA		
5b. Description of Unit Involved: Included:							6a. Numbi	er of Employe	es in Unit:	
See Attachment "A"										
Excluded:							of the	employees in	nber (30% or more) the unit wish to be Petitioner? 🗵 Yes 🔲 No	
Check One: X 7a. Request for reco						/2019	and Employer			
on or about (Date)  7b. Petitioner is cum	No Respon	<u></u> '	ply receiv		•	n under the /	int		1	
8a, Name of Recognized or Certified		<del></del> _	<del></del>	8b. Ad	<del></del>	it dilder the A				
None		, o	,	000						
None										
8c. Tel. No.	8d. Cell No.		8e.	Fax No		8f. E-M	8f. E-Mail Address			
8g. Affiliation, if any:	Affiliation, if any:				sh. Date of Recognition or Certification 8I. Re			8I, Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)		
9. Is there now a strike or picketing at	the Carelevade		<u>۔ ا</u>	2 31-	If an approx	dmataly boy	many employee	e ere particin	aling?	
·	the Employers	establishment(s)	invoived	1/10	11 so, approx	-				
(Name of Labor Organization)							eted the Employ			
<ol> <li>Organizations or individuals other individuals known to have a represion.</li> </ol>	than Petitioner a entative interest	ind those named t in any employe	in items es in the	unit des	s, which have claimed scribed in Item 5b abo	ve. (If none,	so state)	es and other (	organizations and	
10a, Name	106	Address				10c, Te	l. No.	10d, Cell No		
Toa. Name	100.	A001033				100.10				
						10e. Fa	10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB cond	ducts and election	on in this matter	state voi	ur positi	on with respect to any	y such election	n: 11a. Electio	n Type:		
THE COUNTY DUTING THE TEXTS OF THE	oddo ana alcon		0.0.0 , 0.	o. poo		, 55511	X Manua		Mixed Manual/Mail	
11b. Election Date(s):	11c.	Election Time(s)	):			11d. El	ection Location(s			
To be negotiated		be negotiat				Hote		•		
12a. Full Name of Petitioner (includin					12b. Address (street			ZIP code):		
UNITE HERE Local 30		•			2436 Market S					
12c. Full name of national or Internation			Petitioner	is an a	filiale or constituent (i	if none, so st	ale):			
UNITE HERE International	12e. Cell No.	I-D-CIO	1426	Fax No		124 =	Mail Address	· <del></del>		
619-516-3737	-		-			-				
13. Representative of the Petitioner	who will accep	t service of all	papers fo	or purp	oses of the represen	ntation proc	seding.			
13a. Name and Title:  Eric Myers, Attorney  13b. Address (street and number, city, State and ZIP code):  McCracken, Stemerman & Holsberry, LLP  595 Market Street, San Francisco, CA 94105										
			- 1		Market Cturat Ca	to Live to the				
	124 0-1131		12-							
13c. Tel. No. 1	13d. Cell No.			. Fax N	0.	13f. E-N	fail Address	<u> </u>		
13c. Tel. No. 1		at the Stanks	41	. Fax N 5-597	o. 7-7201	13f. E-M ebm(	Mail Address Dmsh.law	<u> </u>		
13c. Tel. No. 1		at the statemen	41	. Fax N 5-597	o. 7-7201	13f. E-M ebm(	Mail Address Dmsh.law		Date	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

# Attachment A to Form 502 (RC Petition) Sheraton San Diego Hotel & Marina

All regular full time and regular part time employees in Food and Beverage, Housekeeping, Front Desk, Bell/Driver, and Maintenance departments, including but not limited to Banquet Captains, Coffee Break Captains, Banquet Servers, Banquet Aisle Attendants, Banquet Bartenders, Lead Banquet Housemen, Banquet Housemen, Restaurant Servers, Bartenders, Bussers, Food Runners, Baristas, Hosts, Marina Market Cashiers, Marina Market Baristas, Room Service Supervisors, Room Service Servers, Room Service Cashiers, Club Lounge Attendants, Cooks (including Kitchen Supervisors, Banquet Cooks, Pastry Cooks, Bakers, Garde Manger, Food Prep) Employee Cafeteria Attendants, Stewarding Supervisors, Stewards, Convention Services Employees, Storeroom Employees, Shipping and Receiving Clerks, Package Room Supervisors, Front Desk Employees, Night Auditors, Phone Operators (CBX), Bell Persons, Shuttle Drivers, Housekeeping Room Attendants, Housepersons, Engineering Supervisors, and Engineers employed by the Employer at its operations at the Sheraton San Diego Hotel & Marina, 1380 Harbor Island Drive, San Diego, California; but excluding all Rooms Control Employees, Spa Employees, Central Reservations Employees, and office clerical employees, professional employees, guards, managers and supervisors as defined in the National Labor Relations Act.

RC PETITION

DO NOT WRITE IN THIS SPACE							
Case No. 21-RC-237772	Date Filed	03-15-2019					

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 448 S. Hill Street, Suite 708 CA Los Angeles 90013-EDUCATORS FOR EXCELLENCE 3a. Employer Representative – Name and Title 3b. Address (If same as 2b - state same) 80 Pine Street 28th Floor NY New York 10005-Evan Stone 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (212) 279-8510 estone@e4e.org (626) 390-1024 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Education reform Los Angeles, CA 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in he Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8c Tel No 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Loca ion(s): Monday or Tuesday 448 S. Hill Street, Suite 708, Los Angeles, CA 90013 9 a.m. to 12 noon 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Lynnette T. Howard Office and Professionals Employees International Union Local No. 537 3229 East Foothill Boulevard 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Office and Professionals Employees International Union, AFL-CIO 12g. E-Mail Address lynnette@opeiu537.org 12d. Tel No. 12e. Cell No. 12f. Fax No. (626) 577-0100 (626) 664-2082 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) Joseph L. Paller Jr. Attorney Gilbert & Sackman, a Law Corporation 3699 Wilshire Blvd., Suite 1200 Ste 1200 CA Los Angeles 90010-2732 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address jlpaller@gslaw.org (213) 900-4690 (323) 627-6015 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date Joseph L. Paller Jr. Attorney Joseph L. Paller Jr. 03/13/2019 12:31:20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

#### PRIVACY ACT STATEMENT

Attachment

Employees Included
All full-time and part-time employees

Employees Excluded
Guards, watchmen and supervisors

DO NOT WRITE IN THIS SPACE					
Case	21-RC-237772	Date Filed 03-15-2019			

Case No. 21-RC-238050

DO NOT WRITE IN THIS SPACE

8050 Date Filed 3-20-2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, <a href="www.nlrb.gov">www.nlrb.gov</a>, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

(Form NLRB-505); and (3) Descript with the NLRB and should not be s					RB 4812). The si	howing of inte	erest should only be filed
PURPOSE OF THIS PETITION: RC-CEI     bargaining by Petitioner and Petitioner de     requests that the National Labor Relat	RTIFICATION OF esires to be certif	F REPRESENTA	ATIVE - A su lative of the	ubstantial number employees. The	Petitioner alleges th	nat the following	circumstances exist and
2a. Name of Employer	ions Board proc				t(s) involved (Street		
Seldat, Inc.		1121	West Artesia	Blvd. Compton, C	A 90220		
3a. Employer Representative – Name and Joseph Pennell - Manager	Title		3b. Ad	ddress (If same as Same	s 2b – state same)		
3c, Tel. No. (336) 399-7335	3d. Cell No.		3e. Fa	x No.		3f, E-Mail Addr joseph.pennell@	
4a. Type of Establishment (Factory, mine, was Distribution Warehouse	vholesaler, etc.)	4b. Principal p Product Dist		ervice nd Transportatio	on	5a. City i	and State where unit is located: Fontana, CA; Compton, CA
5b. Description of Unit Involved		l					6a. No. of Employees in Unit:
Included: All drivers employed at the	Fontana, CA a	and Compton.	CA faciliti	ies.			80
Excluded: All other employees, incl and independent contract	uding manager	s, supervisors,	, clerical, p	professional em	ployees, security g	guards,	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No
	(Date)	(If no reply rece	ived, so stat	e).	certification under the		ined recognition on or about
8a. Name of Recognized or Certified Barg None	gaining Agent (I	f none, so state	9).	8b. Address			
8c. Tel No.	8d Cell No.		8e. Fa	x No.	8f. E-Mail Address		ress
8g, Affiliation, if any							Date of Current or Most Recent ( (Month, Day, Year)
9. Is there now a strike or picketing at the Er	mployer's establi	shment(s) involv	red? No	If so, approx	rimately how many er	mployees are par	rticipating?
(Name of labor organization)		, has p	oicketed the	Employer since (	Month, Day, Year)		
10. Organizations or individuals other than R known to have a representative interest in a						presentatives and	other organizations and individuals
10a Name	10b. Ad	dress			10c. Tel. No.		10d. Cell No.
					10e. Fax No.		10f, E-Mail Address
<ol> <li>Election Details: If the NLRB conducts any such election.</li> </ol>	an election in th	is matter, state y	your position	with respect to	11a. Election Type	Mail Mixed Manual/Mail	
11b. Election Date(s): ASAP	5:00 a.n	lection Time(s): n 7:00 a.m.; 4	:00 p.m 6	p.m 6:00 p.m. 11d. Election Location(s): 1121 West Artesia Blvd., Compton 9421 Transportation Way, Fontana CA 92335			92335
12a. Full Name of Petitioner (including lo Teamsters Local 63					927 Village		city, state, and ZIP code) vina CA 91724
12c. Full name of national or international la International Brotherhood of Tean	bor organization nsters	of which Petition	ner is an affil	liate or constituen	t (if none, so state)	4	
12d. Tel No.	12e. Cell No.		12f. Fa	x No.		12g. E-Mail Ad	dress
13. Representative of the Petitioner who	will accept serv	ice of all papers	s for purpos	ses of the repres	entation proceedin	g.	
13a. Name and Title Bradley S. Beher	ns, Attorney	Des	13b. A		d number, city, state, I, Suite 300, San Dieg		v=
13c, Tel No. (619) 297-6900	13d, Cell No.		13e. F	ax No.		13f. E-Mail Add bsb@sdlabor	
I declare that I have read the above petition	on and that the	statements are	true to the	best of my know	vledge and belief.		
Name (Print) Sig Bradley S. Beherns	Inature Black	Bur	Title	for Teamsters L	ocal 63	Date 3/	17/19

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

#### PRIVACY ACT STATEMENT

DO NOT WRITE IN THIS SPACE Case No. 21-RC-238127

Date Filed 3-21-2019 RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate

of service showing service on the (Form NLRB-505); and (3) Descript							
with the NLRB and should <u>not</u> be s			•	ND 4012). The Si	iowing or inte	erest should only be filed	
PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner d requests that the National Labor Relainment	RTIFICATION OF esires to be certifi	REPRESENTAT ed as representat	TIVE - A substantial number tive of the employees. The	Petitioner alleges th	at the following	circumstances exist and	
2a. Name of Employer Coca Cola Bottling	don's Board proc	2b. A	ddress(es) of Establishmen S. Central Avenue,	t(s) involved (Street a	nd number, city.		
3a. Employer Representative - Name and	Title		3b. Address (If same as	s 2b – state same)			
Rose Wanjohi, H.R. Sylmar, Torrar				, Montebello, Orange,		nga, City of Industry, Ventura. California	
3c. Tel. No. (714) 412-6319	3d. Cell No.		3e. Fax No. (847) 916-9136			eyesholding.com	
4a. Type of Establishmenl (Factory, mine, v Bottling plant	oduct or service nents		See 3b				
5b. Description of Unit Involved Included: All full time Fount	echs				6a. No. of Employees in Unit: 55		
Excluded: All other employees, office clericals, guards and supervisors  6b. Do a substantial number (30° or more) of the employees in the unit wish to be represented by the Petitioner? Yes  No							
Check One:  7a. Request for recognition as Bargaining Representative was made on (Date) 3/21/2019 and Employer declined recognition on or about  (Date) (If no reply received, so state) by this Petition  7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.							
8a. Name of Recognized or Certified Bargaining Agent (If none, so state).  None  None							
8c. Tel No.	8d Cell No.	Cell No. 8e. Fax No.			8f. E-Mail Address		
8g. Affiliation, if any			8h. Date of Recognition or	r Certification	8i. Expiration Date of Current of Post Recommendation Contract, if any (Month, Day, Y		
9. Is there now a strike or picketing at the E					nployees are par	42131. I	
(Name of labor organization)  10. Organizations or individuals other than I			keted the Employer since (		recontalives and	other organization and redundants	
known to have a representative interest in a  None					resemanves and	other organization and individuals	
10a. Name	10b. Add	dress		10c. Tel. No.		10d, Cell No.	
				10e. Fax No.		10f, E-Mail Address	
<ol> <li>Election Details: If the NLRB conducts any such election.</li> </ol>	an election in thi	s matter, state yo	ur position with respect to	11a. Election Type:		Mail Mixed Manual/Mail	
11b. Election Date(s): April 5, 2019	11c. El	ection Time(s):		11d. Election Location(s):			
12a. Full Name of Petitioner (including lo Machinists District Lodge No. 947				535 West Willow S		uity, state, and ZIP code) ach, CA 90806-2830	
<ol> <li>Full name of national or international la International Association of Machini</li> </ol>			CIO	it (if none, so state)			
12d. Tel No. (562) 472-8900	12e. Cell No. (b) (6), (b) (7)(C)	L	12f. Fax No. (562) 427-1122		12g. E-Mail Ad (b) (6), (b) (7)		
13. Representative of the Petitioner who	will accept servi	ce of all papers	for purposes of the repres	entation proceeding	9.		
13a. Name and Title David A. Ro	senfeld, A	Attorney	13b. Address (street and Weinberg, Roger & Rosenfe		Parkway, Suite 200		
13c, Tel No. (510) 337-1001	13d. Cell No.		13e. Fax No. (510) 337-1023		13f, E-Mail Add drosenfeld@union	dress counsel.net, nirbnotices@unioncounsel.net	
I declare that I have read the above petiti	on and that the s	statements are t	ue to the best of my know	vledge and belief.			
Name (Print) Signaria Signaria A. Rosenfeld	Tature /	~	Title Attorney		Date 3	1211200	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

#### PRIVACY ACT STATEMENT

DO NOT WRITE IN THIS SPACE

Case No. 21-RC-238208

Date Filed 3-22-2019

RC PETITION

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and about done the applicance of the applica

	(Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed							
with the NLRB and should not i	with the NLRB and should not be served on the employer or any other party.  1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective							
bargaining by Petitioner and Petition	bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.							
2a. Name of Employer			*		t(s) involved (Street a			
Arctic Slope Regional Corporation (ASI		Company 1761				Bellflower,	CA 90706-8002	
3a. Employer Representative – Name Michelle Howell, Senior Vice F		lanager			s 2b – state same) dows Drive, Suit	te 100, Belts	sville, MD 20705	
3c. Tel. No. (301) 837-5500 ext. 63959	3d. Cell No.	id. Cell No. 3e. Fax No.				3f. E-Mail Add mhowell@a	ress asrcfederal.com	
						and State where unit is located:		
Military Contractor		Military Supp	ort			Bellflov	ver, CA	
5b. Description of Unit Involved							6a. No. of Employees in Unit:	
Included: All full time, regular p	art-time, on call	Biometric Tech	nicians	and General	Clerks employed	by the	3	
employer at is facility located in 17610 Bellflower Boulevard, Suite A-110, Bellflower, CA 90706-8002  Excluded: All managers, branch managers, regional managers, cooperate managers, all other professional employees, guards and supervisors as defined by the Act.  6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes V No T								
Check One: 7a. Request f	or recognition as Ra	rgaining Represents	ative was	made on (Date)	By Detition an	d Employer dec	lined recognition on or about	
oneth one.		(If no reply receive			by Feduon an	a Employer dec	inica recognition on or about	
7b. Petitioner					certification under the	Act.		
8a. Name of Recognized or Certified				8b. Address				
8c. Tel No.	8d Cell No.		8e. Fa	8e. Fax No. 8f. E-Mail Add			iress	
8g. Affiliation, if any	•						Date of Current or Most Recent y (Month, Day, Year)	
9. Is there now a strike or picketing at the	ne Employer's estab	lishment(s) involved	? No	If so, approx	imately how many en	nployees are pa	rticipating?	
(Name of labor organization)				Employer since //	Month, Day, Year)			
10. Organizations or individuals other th		ose named in items	8 and 9,	which have claim	ed recognition as rep	resentatives and	d other organizations and individuals	
known to have a representative interest			in item 5	above. (Il florie,			T 404 0 114	
10a. Name	10b. A	ddress			10c. Tel. No.		10d. Cell No.	
					10e. Fax No.		10f. E-Mail Address	
<ol> <li>Election Details: If the NLRB cond any such election.</li> </ol>			ur positior	with respect to	11a. Election Type		Mail Mixed Manual/Mail	
11b. Election Date(s): Wednesday April 10	12:00	Election Time(s): p.m 1:00 p.m.				e Supervisors	office at Bellflower location	
12a. Full Name of Petitioner (including International Association of Machinist			odge 72	5	12b. Address (stree 620 Coolidge Drive		city, state, and ZIP code) m, CA 95630	
12c. Full name of national or internation International Association of Machinists			r is an affi	liate or constituen	t (if none, so state)			
12d. Tel No. (916) 985-8101	12e. Cell No.		12f. Fa (916) 9	ax No. 985-8121	(6)	12g. E-Mail Ad (6). (6) (7)(C) @iama	ddress w.org	
13. Representative of the Petitioner v	vho will accept ser	vice of all papers f	or purpo	ses of the repres				
13a. Name and Title David W.	M. Fujimoto	, Attorney			d number, city, state, eld 1001 Marina Village F		, Alameda, CA 94501	
13c. Tel No. 510-337-1001	13d. Cell No.		13e. F			13f. E-Mail Ad	dressnlrbnotices@unioncounsel.net	
I declare that I have read the above p	etition and that the	statements are tr			ledge and belief.			
Name (Print)	Signature		Title			Date		
David W M Fujimoto			Attorne	V		March 22	2010	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

#### PRIVACY ACT STATEMENT

DO NOT WRITE IN THIS SPACE								
Case No 21-RC-238430	Date Filed 3-26-2019							

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer Arctic Slope Regional Corporation (ASRC) Federal Holding Company 3812 La Sierra Avenue, Riverside, CA 92505-3528 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 7000 Muirkirk Meadows Drive, Suite 100, Beltsville, MD 20705 Michelle Howell, Senior Vice President/HR Manager 3d. Cell No. 3f. E-Mail Address (301) 837-5500 ext. 63959 mhowell@asrcfederal.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service Military Contractor Military Support Riverside, CA 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full time, regular part-time, Biometric Technicians and General Clerks employed by the 6b. Do a substantial number (30% employer at is facility located in 3812 La Sierra Avenue. Riverside. CA 92505-3528. or more) of the employees in the Excluded: All managers, branch managers, regional managers, cooperate managers, all other professional employees, guards and unit wish to be represented by the supervisors as defined by the Act. Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) Rv Petition and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c. Tel No. 8d Cell No. 8e Fax No 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10b. Address 10c. Tel. No. 10a. Name 10d Cell No 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: V Manual Mail Mixed Manual/Mail 11c. Election Time(s): 11d. Election Location(s): 11b. Election Date(s) Thursday April 11, 2019 12:00 p.m. - 1:00 p.m. Break Room or Site Supervisors office at Riverside location 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) International Association of Machinists and Aerospace Workers, District Lodge 947 620 Coolidge Drive, #130, Folsom, CA 95630 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Association of Machinists and Aerospace Workers, AFL-CIO 12g. E-Mail Address 12d Tel No 12e Cell No. 12f Fax No. (916) 985-8101 (916) 985-8121 @iamaw.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding 13a. Name and Title Eric J. Wiesner, Attorney 13b. Address (street and number, city, state, and ZIP code) Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501 13d. Cell No. 13f. E-Mail Address nlrbnotices@unioncounsel.net 13c. Tel No. 13e. Fax No. 510-337-1001 510-337-1023 ewiesner@unioncounsel.net I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Title Signature Date Eric J. Wiesner March 26, 2019 Attorney

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

#### PRIVACY ACT STATEMENT

PETITION

DO NOT WRITE IN THIS SPACE							
Case No. 21-RC-238592	Date Filed 3/28/2019						

INSTRUCTIONS: Unless e-Filed using the Agency's website, <a href="www.nlrb.gov">www.nlrb.gov</a>, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed

(Form NLRB-505); and (3) Descript					RB 4812). The si	howing of int	erest should only be filed		
with the NLRB and should not be s	served on the	employer or an	y other party.	al accashas	of ampleyage wish t	- h	d for a suppose of a suppose of		
PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.									
2a. Name of Employer	Float Boodiness				t(s) involved (Street a				
Affordable Engineering Services (AES)(		s center) Nava			. 0	zo, san Dieg	JO, CA 92135		
3a. Employer Representative – Name and Pat Godfrey, Manager Human Re					2b – state same) , Suite 860, Sar	Diego, CA	92108		
3c. Tel. No.	3d. Cell No.		3e. Fax No.			3f. E-Mail Add			
(619) 522-9800 ext. #103	(619) 288-1	882	(619) 522-9	803		Pat@afford	services.com		
4a. Type of Establishment (Factory, mine, v Military Contractor	duct or service ort				and State where unit is located: ego, CA				
5b. Description of Unit Involved							6a. No. of Employees in Unit:		
Included: All full time Aircraft Painters employed by the employer in the Fleet Readiness Program, currently located 6									
at Building 472 Paint Shop at its facility located at Naval Air Station North Island in San Diego, California.  Excluded: All others, including Guards, Office Clerical and Supervisors as defined in the Act.  6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No									
Check One: 7a. Request for re	cognition as Bar	gaining Representa	tive was made or	n (Date)	By Petition and	nd Employer dec	lined recognition on or about		
<u> </u>	(Date)	(If no reply receive	d, so state).		,				
					certification under the	e Act.			
8a. Name of Recognized or Certified Bar	gaining Agent (I	f none, so state).	8b. A	ddress					
8c. Tel No.	8d Cell No.	o. 8e. Fax No.				8f. E-Mail Address			
8g. Affiliation, if any							8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)		
9. Is there now a strike or picketing at the E	mployer's establi	shment(s) involved	?If s	o, approx	imately how many er	mployees are pa	rticipating?		
(Name of labor organization)		, has pick	eted the Employe	er since (f	Month, Day, Year)				
Organizations or individuals other than known to have a representative interest in a						resentatives and	d other organizations and individuals		
10a. Name	10b. Ad	dress		10c. Tel. No.			10d. Cell No.		
					10e. Fax No.		10f. E-Mail Address		
Election Details: If the NLRB conducts     any such election.	an election in th	is matter, state you	r position with res	osition with respect to 11a. Election Type: Manual			Mail Mixed Manual/Mail		
11b. Election Date(s): Wednesday, April 10, 2019		lection Time(s): m 3:00 p.m.	11d. Election Location(s				n(s): ng 472 at NAS North Island, or Conference Room		
12a. Full Name of Petitioner (including lo International Association of Machinists ar	cal name and n	umber)	odgo 725			et and number,	t and number, city, state, and ZIP code)		
12c. Full name of national or international la	bor organization	of which Petitioner		constituen	,	a Road, San Di	ego, CA 92111		
International Association of Machinists an		orkers, AFL-CIO	1 405 F N			10- E M-II A	14		
12d. Tel No. 858-292-5150	12e. Cell No. (b) (6), (b) (7)(C)		12f. Fax No. 858-292-5488			12g. E-Mail Ad (0) (0) (0) (7) (@iam			
13. Representative of the Petitioner who	will accept serv	ice of all papers for	or purposes of the	he repres	entation proceeding	g.			
13a. Name and Title David W. M.	Fujimoto	, Attorney			<i>number, city, state,</i> ld 1001 Marina Village F		), Alameda, CA 94501		
13c. Tel No. 510-337-1001	13d. Cell No.		13e. Fax No. 510-337-1023		,	13f. E-Mail Ad	dress incounsel.net, dfujimoto@unioncounsel.net		
I declare that I have read the above petiti	on and that the	statements are tru		my know	ledge and belief.				
Name (Print) Sig	nature	1//-	Title			Date			
Caroline N. Cohen	10/0	1	Attorney			March 28,	2019		

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

#### PRIVACY ACT STATEMENT

Case No. RC PETITION 21-RC-238605

DO NOT WRITE	IN THIS SPA	CE
	Date Filed	3-28-2019
OC 220605		J-Z0-ZU   J

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1500 San Pablo St., Los Angeles, CA 90033 Keck Medicine, USC 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 1500 San Pablo St., Bldg 640, Los Angeles, CA 90033 Rod Hanners, CEO 3c. Tel. No. 3d. Cell No. 3f. E-Mail Address (323) 442-7231 rod.hanners@med.usc.edu (323) 442-8677 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Healthcare Facility Healthcare Los Angeles, CA 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full time, part time, and per diem service, technical and business office clerical employees employed by the 6b. Do a substantial number (30% employer in the AC Dermatology/ Plastics Clinic at 1450 San Pablo St., Los Angeles CA 90033 or more) of the employees in the Excluded: All other employees, managers, confidential employees, guards, physicians, Registered Nurses (RNs), already unit wish to be represented by the represented employees and supervisors as defined by the act. Petitioner? Yes ✓ No Request for recognition as Bargaining Representative was made on (Date) 3/28/2019 and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8h. Date of Recognition or Certification 8i, Expiration Date of Current or Most Recent 8g. Affiliation, if any Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? , has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10d, Cell No. 10a Name 10h Address 10c Tel No 10f. E-Mail Address 10e Fax No 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election 11c. Election Time(s): 11d. Election Location(s): 11b. Election Date(s): HC4 Conference Room 3200 4/16/2019 8am-930am 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) National Union of Healthcare Workers 5801 Christie Ave, Suite 525, Emeryville, CA 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) none 12f. Fax No. 12g. E-Mail Address 12d, Tel No. 12e. Cell No. 818-241-0141 (818) 241-0140 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Piete Clayton 13b. Address (street and number, city, state, and ZIP code) 225 W. Broadway, Suite 155 Glendale, CA 91204 13d, Cell No. 13e. Fax No. 13f. E-Mail Address 13c. Tel No. 510-290-4811 (818) 241-0141 pclayton@nuhw.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Name (Print) Signature 3/28/2019

an Florica Hoffman attorney 3/28/2019
WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) Florice Hoffman

#### PRIVACY ACT STATEMENT

DO NOT WRITE	IN THIS SPACE
Case No. 21-RC-238680	Date Filed 3-29-2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Naval Air Station North Island, Building 460, San Diego, CA 92135 Affordable Engineering Services (AES)(E-2/C2 FRC Program ) 3a. Employer Representative - Name and Title 3b. Address (if same as 2b - state same) Pat Godfrey, Manager Human Resources 1455 Frazee Road, Suite 860, San Diego, CA 92108 3f. E-Mail Address 3c. Tel. No. 3d. Cell No (619) 522-9800 ext. #103 (619) 288-1882 (619) 522-9803 Pat@affordservices.com 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Military Contractor Military Support San Diego, CA 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full time Aircraft Mechanics and Sheet Metal Mechanics employed by the employer in the E-2/C2 6b. Do a substantial number (30% FRC Program, currently located at Building 460, Naval Air Station North Island in San Diego, California. or more) of the employees in the Excluded: All others, including Guards, Office Clerical and Supervisors as defined in the Act. unit wish to be represented by the Petitioner? Yes 🗸 No Request for recognition as Bargaining Representative was made on (Date) By Petition and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). Petitioner is currently recognized as Bargaining Representative and desires certification under the Act 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8f. E-Mail Address 8c. Tel No 8d Cell No. 8e. Fax No. 8i Expiration Date of Current or Most Recent 8g. Affiliation, if any 8h. Date of Recognition or Certification Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10 Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10c. Tel. No. 10d, Cell No. 10b. Address 10a. Name 10f. E-Mail Address 10e Fax No. 11 Flection Details: If the NLRB conducts an efection in this matter, state your position with respect to 11a. Election Type: V Manual Mail Mixed Manual/Mail any such election 11d. Election Location(s): 11c. Election Time(s): 11b. Election Date(s) Conference Room or Break Room in Building 460 at NAS North Island 2:00 p.m. - 3:00 p.m. Friday, April 12, 2019 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) International Association of Machinists and Aerospace Workers, District Lodge 725 5150 Kearny Mesa Road, San Diego, CA 92111 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Association of Machinists and Aerospace Workers, AFL-CIO 12g. E-Mail Address 12d, Tel No. 12e. Cell No. 12f. Fax No 858-292-5150 x 10 (6) 858-292-5488 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Title David W. M. Fujimoto, Attorney Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501 13e, Fax No 13f. E-Mail Address 13d Cell No. 13c Tel No 510-337-1023 nirbnotices@unioncounsel.net, dfujimoto@unioncounsel.net 510-337-1001 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Name (Print) Signature March 29, 2019 David W. M. Fujimoto Attorney

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

#### PRIVACY ACT STATEMENT

FORM NLRB-502 (RD) (2-18)

€8 €00'y A

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE							
Case No.	Date Filed						
21-RD-237218	3-7-2019						

INSTRUCTIONS: Unless e-Filed using the Agency's website, WHAN, nich goy/, submit an original of this Petition to an NLRB office in the Region in which the

employer concerned is located. the employer and all o ther partie Case Procedures (Form NLRB 4	s named in ti	e petition of:(1)	the petition; (2) Sta	dement of Pa	sition form	(Form NLRB-505); a	nd (3) Descrip	tion of Representation		
PURPOSE OF THIS PETITION:     recognized bargaining represents     Labor Relations Board proceed	ative is no long	er their representa	ative. The Petitlone	r alleges that	the following	ng circumstances ex				
2a. Name of Employer Moreno Valley Hospital Kai	ser Perman	ente	2b. Address(es) of 27300 Iris Ave			(Street and number, o A 92555	city, state, ZIP o	code)		
3a. Employer Representative - Nam Renee L. Fininis	ne and Title		3b. Address (If same as 2b.	b. Address (If same as 2b - state same) same as 2b.						
3c. Tel. No. (951)251-6000	J. Fax No.		3e. Cell No.		3f. E-Mail Address renee. I. fininis@kp. org					
4a. Type of Establishment (Fectory, acute care hospital	mine, wholesa	er, etc.)			4b. Princip patient o	pal product or service care				
5a. Description of Unit Involved					'		5b. City a	and State where unit		
Included:							Is loc	ated;		
see attachment										
Excluded: see attachment										
6. No. of Employees in Unit 330 7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargalning representative?   Y   Yes   No										
8a. Name of Recognized or Certified Service Employees Internation			N			8b. Affiliation, if any				
8c. Address 1040 Lincoln Ave.	,			8d. Tel. No. (626)639-	6200	6e. Cell No.				
Pasadena, CA 91103		8f. Fax No.	8g. E-Mail Address							
9. Date of Recognition or Certification	1	· ·	10. Expiration Date 06/30/2019	of Current or	Most Recent Contract, if any (Month, Day, Year)					
11a. Is there now a strike or picketing	at the Employ	er's establishmen	nt(s) involved?	'es 🔀 No	11b. If so,	approximately how m	any employees	are participating?		
11c. The Employer has been pickete								a labor organization, of		
(Insert Address)	•	•				sinc	e (Month, Day,	Year)		
12, Organizations or Individuals other	r those named	in items 8 and 11	c. which have claime	ed recognition	as represen			100,		
and individuals known to have a	representative	interest in any em			m 5 above.	(If none, so state)				
12a, Name	12b. Addre	ISS			12c. Tel. N	Ю.	12d. Fax No.			
					10.0.0					
					12e. Cell N	10.	12f. E-Mail Address			
13. Election Details: If the NLRB comatter, state your position with res		ıch election.	(-)	· ·				Mixed Manual/Mail		
13b. Election Date(s) March 28, 29, 2019		13c. Election Tin 7:00am-12:0	0pm(noon);3:00	Opm-8:00p	n-8:00p C4 at Employer's Moreno Valley facility					
(b) (6), (b) (7)(C)		•								
(b) (6), (b) (7)(0	C) ate, ZIP co	ode)			(b) (6), (b) (7)(C)			F		
					14d. Cell N	10.	b) (6),	(b) (7)(C)		
14f. Affiliation, if any										
15. Representative of the Petitione	r who will acc	ept service of all	papers for purpos	es of the rep	15b. Title	proceeding.				
(b) (6), (b) (7)(C)					TOO. THE					
(b) (6), (b) (7)(C) city, state, ZIP code)					(b) (6), (l	o) (7)(C)	15e, Fax No.			
					15f. Cell N	0.	b) (6), (	b) (7)(C)		
I declare that I have read the above	petition and	that the stateme	nts are true to the I	best of my kn				I Data Street		
Name (Print) (b) (6), (b) (7)(C)		0) (6)	, (b) (7	$\mathcal{O}(C)$	(b) (6), (l	b) (7)(C)		Date Filed March 6, 2019		

WILLFUL FALSE STATEMENTS

D IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

### 5a. Description of Unit Involved

44 mg 21

Included: all full-time, regular part-time, limited part-time, and per diem/on-call and temporary registered nurses, including inpatient charge registered nurses, employed by the Employer at its facility currently located at 27300 Iris Avenue, Moreno Valley, California;

Excluded: all other employees, physicians, other professional employees, business office clerical employees, skilled maintenance employees, technical employees, other nonprofessional employees, managerial employees, guards, and supervisors as defined in the Act.

FORM NLRB-502 (RD) (2-18)

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **RD PETITION**

Case No.

21-RD-237730

DO NOT WRITE IN THIS SPACE Date Filed 03-14-2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of:(1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation

Case Procedures (Form NLRE	3 4812). The showing of int	erest should only be file	ed with the NL	RB and sh	ould no	ot be served o	n the employer of	or any other party.	
PURPOSE OF THIS PETITION     recognized bargaining represe     Labor Relations Board process	ntative is no longer their repre	esentative. The Petitions	er alleges that	he following	ng circ	umstances ex			
2a. Name of Employer Andeavor				shment(s) involved (Street and number, city, state, ZiP code) Long Beach, Ca 90813					
3a. Employer Representative - 1 Miranda Smith - Lead HR			s (If same as 2b - state same) pointe Dive, La Palma, CA 90623						
3c. Tel. No. 714-880-1688	3d. Fax No.	3e. Cell No. 714-343-3822	2	3f. E-Mail Address Miranda.R.Smith@andeavor.com					
4a. Type of Establishment (Factor Logistics	ry, mine, wholesaler, etc.)			4b. Princi Petroch	pal pro	duct or service			
5a. Description of Unit Involved				retroch	iciiiic.	aı .	5h City an	d State where unit	
Included: Marine and Land Terminals							is locat		
Excluded:									
6. No. of Employees in Unit 5		number (30% or more) of ining representative?		n the unit n	no longe	er wish to be re	presented by the	certified or currently	
8a. Name of Recognized or Certif IBEW Local # 2295	fied Bargaining Agent				8b. A	Affiliation, if any			
8c. Address 3556 Lexington Avenue			8d. Tel. No. 626-401-1	710	8e. C	Cell No.			
El Monte, CA 91731	El Monte, CA 91731				8g. E-Mail Address ibewlocal2295@earthlink.net				
9. Date of Recognition or Certifica	ation	10. Expiration Dat	te of Current or	Most Rece	nt Cont	ract, if any (Mo	nth, Day, Year)		
11a. Is there now a strike or picke	eting at the Employer's establi	ishment(s) involved?	Yes 🔀 No	11b. If so	, appro	ximately how n	nany employees a	are participating?	
11c. The Employer has been pick								a labor organization, of	
(Insert Address)							e (Month, Day, Y	'ear)	
<ol> <li>Organizations or individuals of and individuals known to have</li> </ol>							anizations		
12a. Name None	12b. Address			12c. Tel.			12d. Fax No.		
				12e. Cell	No.		12f. E-Mail Addr	ess	
13. Election Details: If the NLR matter, state your position wit				13a. Election Type: Manu			Mail	Mixed Manual/Mail	
13b. Election Date(s) ASAP	13c. Elect ASAP	ion Time(s)		13d. Election Location(s) TBD					
14. Full Name of Petitioner (b) (6), (b) (7)(C)									
(b) (6), (b) (7	(C)			(b) (6), (b) (7)(C)		7)(C)	14c. Fax No.		
				14d. Cell	No.		(b) (6),	(b) (7)(C)	
14f. Affiliation, if any									
15. Representative of the Petiti 15a. Name	oner who will accept servic	e of all papers for purpo	oses of the rep	15b.Title	n proc	eeding.			
Tod. Name				Tob. Hilo					
15c. Address (Street and number	r, city, state, ZIP code)			15d. Tel.	No.		15e. Fax No.		
				15f. Cell	No.		15g. E-Mail Add	ress	
I declare that I have read the al	pove petition a	6) (b) (	7\/C\	nowledge a	and be	lief.			
(b) (6), (b) (7)(C)	(D)	6), (b) (7	<i>(</i> C)	(b) (6),	(b) (7	)(C)		Date Filed 03/14/2019	
WILLFUL FALSE	STATEMENTS			ND IMPRIS	ONME	NT (U.S. COD	E, TITLE 18, SEC	TION 1001)	

FORM NLRB-502 (RM) (2-18)

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

RM PETITION

Case No.

21-RM-237552

DO NOT WRITE IN THIS SPACE

3-12-2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/, submit an original of this Petition to an NLRB Office in the Region in which the employer concerned is located. The petition must be accompanied by a certificate of service showing service on all parties named in the petition of the following: (1) the petition; (2) Statement of Position form; and (3) Description of Procedures in Certification and Decertification Cases (Form NLRB 4812). The petition must also be accompanied by evidence supporting the statement that a labor organization has made a demand for recognition on the employer or that the employer has good faith uncertainty about majority support for an existing representative. However, if the evidence reveals the names and/or number of employees who no longer wish to be represented, the evidence shall not be served on any party.

employees who no longer wish t	o be repres	sented, the evid	ence sha	all not be served on	any party.	,				
PURPOSE OF THIS PETITION     the Employer/Petitioner to be uncertainty about majority supnamed in this petition, this standard Labor Relations Bo	e recognize port for an itement sha	ed as the representation existing representation and the deem	esentative. entative. ed made	ve of employees of If a charge under Se. The Petitioner a	f the Employer Section 8(b)(7) of Ileges that the	r/Petitioner of the Act had following	or the En as been file circumsta	nployer/Petitioned involving the transfer in transfer in the transfer in the transfer in the transfer in the t	ner has a good fa he Employer/Petition	ith ner
2a. Name of Employer/Petitioner:			2b. Add	fress(es) of Establishing	nent(s) involved	(Street and n	umber, City	, State, ZIP cod	de):	
Huntington Healthcar	e Cente	er	4515	Huntington D	rive South					
Transington Fredition	COCITA	01		_						
2 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	b1	170		Angeles, CA 9						
3a. Employer/Petitioner Represent Paul Lee, Environr				ress (if same as 2b - s ne	state same):					
3c. Tel. No. 323-935-8490	3d. Cell No 323-225					3f. E-Mail A Paul707(		com		
4a. Type of Establishment (Factory,	mine, whole	saler, etc.)		4b. Principal Product	or Service					
Skilled Nursing Facility (Health	ncare Insti	itution)		Patient and resid	lential health	care servi	ces			
5a. Description of Unit Involved:							5b. City an	d State where	unit is located:	
Included: All full-time, regular part-ti laundry employees, maint					es, nursing emplo	oyees,			s, Californ	ia
Excluded: Bookkeeper, professiona	al employee	s, supervisory LV	N's, guar	ds and supervisors			6. Number	of Employees	in Unit:	
Unless a charge alleging a violation of ☐ 7a. A labor organization made a ☑ 7b. The Employer/Petitioner has	demand for	recognition on th	e Employ	er/Petitioner on (Date	)					
8a. Name of Recognized or Certific	_	110000000000000000000000000000000000000	•	370			8b. Affiliati	on, if any:		
Service Employees Internation	nal Union	, Local 2015					SEIU			
8c. Address:				8d. Tel. No.		8e. Cell No				
2910 Beverly Blvd					213-985-17	05	213-479			
Los Angeles, CA 900	)57		8f. Fax No.		8f. Fax No.			@seiu2015.org		
Date of Recognition or Certification	n					10. Expiration	n Date of C	urrent or Most	<sub>(ear)</sub> 12/31/20	17
On or about June 15, 2015										17
<ol><li>Is there now a strike or picketing</li></ol>	at the Empl	oyer's establishm	ent(s) inv	volved? No	If so, approxima	ately how ma	ny employe	es are participa	iting? N/A	_
(Name of Labor Organization)		N/	Α			nas picketed	the Employ	er since (Month	i, Day, Year)	_
<ol> <li>Organizations or individuals other demanded recognition as represe above. (If none, so state)</li> </ol>										
12a. Name and affiliation if any		12b. Address				12c. Tel. No		12d. Cell No.		
						12e. Fax No		12f. E-Mail Ad	dress	
13. Election Details: If the NLRB co	nducts and	election in this ma	atter, stat	e your position with re	spect to any suc	h election:	3a. Election	Type:		
			,	-,,	.,		✓ Manua		Mixed Manual/Ma	ail
13b. Election Date(s):		13c. Election Tin	ne(s):			13d. Election	Location(s			_
April 4, 2019		3:00 PM to 5:	00 PM		- 1	First Floor	Conferer	nce Room (n	next to nurses stat	ion)
14. Representative of the Employe	r/Petitioner	who will accept	service	of all papers for pur	poses of the rep	presentation	proceedin	g.		
14a. Name and Title:				14b. Address (street	and number, city	, State and 2	IP code):			
Daniel T. Berkley, Emp	oloyer/P	etitioner's		Fox Rothschild LLP 345 California Street						
Legal Counsel				Suite 2200 San Francisco, CA 94104		44.514.114				
14c. Tel. No. 415-364-5555	14d. Cell N 415-823			14e. Fax No. 415-391-4436		14f. E-Mail A		hschild.con	n	
4 10-304-0000  I declare that I have read the above			mente a				WIOXIO	iaciniu.con	п	_
Name (Print)	petition a	Signature		C I de to life peat of	Title				Date	,
Daniel T. Berkley		D	2			Employe	/Petition	er's Legal C	ounsel 03/12	/19
				1					7/15	1 1